

Arizona Vital Records Request for Copy of Death Certificate

DEATH CERTIFICATE INFORMATION	Today's Date	# of Copies Requested	<input type="checkbox"/> Death <input type="checkbox"/> Fetal Death <input type="checkbox"/> Stillbirth	Reason for Request	Payment Method
	Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Name on Death Certificate First Middle Last		
	Place of Death – Hospital or Residence (City, County, State)				
	Funeral Home or Donation Facility				
PERSON REQUESTING	Social Security Number	Date of Birth	Are Copies to be used for Government Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, List Claim (SSA, VA)				
	Applicant's Full Name – Printed First Middle Last			Applicant's Signature – REQUIRED	
	Mailing Address: Street or PO Box City State Zip				
NOTARY AREA	Daytime Telephone Number		Email Address		
	Your Relationship to Person on Certificate – Check One. * PROOF of relationship MUST be provided. <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other <input type="checkbox"/> Legal Interest (Beneficiary, Insurance Policy, Will, Personal Representative, Property, etc) Documentation must be provided to support this claim				
	State of _____ County of _____ on this _____ day _____, 20____ before me personally appeared _____ _____ (name of Signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/she signed the above document. Notary signature _____ My Commission Expires _____			Apply Seal/Stamp Here	
	For Office Use Only – State File Number/Serial Number			Request ID	
INFO	Applicant's Name:		Staff Initials	Date Picked-Up	

*******PERSON APPLYING MUST PICK-UP DEATH CERTIFICATE(S)*******

CUSTOMER CHECKLIST	FOR OFFICE USE ONLY
IN PERSON <input type="checkbox"/> A valid USA signed government photo ID which bears your signature and expiration date. <input type="checkbox"/> Proof of relationship (birth certificates, certified court documents, etc.) <input type="checkbox"/> Signed application. <input type="checkbox"/> Certificate fee (\$20.00 ea) cash, money order or cashier's check only.	Death _____ (\$20.00 ea) Correction _____ (\$30.00 ea) Amount of Copies _____ Cash _____ OR MO _____ Total Paid _____ ID Verification _____ OR Notarized Application _____ Mail _____ Pick Up _____ Mail verified by: _____/_____
REQUEST BY MAIL <input type="checkbox"/> Clear photocopy of the front and back of your valid, USA government picture ID which bears your signature and expiration date OR have your signature notarized. <input type="checkbox"/> Proof of eligibility (birth certificates, certified court documents, etc.) <input type="checkbox"/> Signed application. <input type="checkbox"/> Correct fee enclosed (\$20.00 ea). Payment methods: cashier's check or money orders payable to Vital Records for the exact amount only. *****DO NOT SEND CASH***** <input type="checkbox"/> A self-addressed stamped envelope. ***Yuma County Vital Records is not responsible for lost or stolen death certificates requested by mail.***	

Special Instructions:

Note: After 90 days unclaimed death certificates will be destroyed, per Yuma County Vital Records Policy.

YUMA COUNTY HEALTH SERVICES DISTRICT
 OFFICE OF VITAL RECORDS
 2200 W 28TH ST SUITE #256
 YUMA, AZ 85364
 Phone (928) 317-4530 FAX (928) 317-4678
 Office Hours 8:00-4:00 M-F

Revised: 01/2016